

SEE REGULATIONS
ON THE BACK

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CERTIFICATE OF DEATH
STATE OF TENNESSEE
DEPT. OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NUMBER
23409

1. PLACE OF DEATH
COUNTY OF **Carroll**
CIVIL DISTRICT **24th**
CITY (OR TOWN) _____
ADDRESS OF PLACE OF DEATH _____
(If death occurred in a hospital or institution, give NAME, not street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days

2. FULL NAME **Mr. J. Frank Boyd**
(A) RESIDENCE **R. # 1, Westport, Tenn.**
(Usual place of abode—If non-resident of place of death, give town and State)

REG. NO. **56**
REG. DIST. NO. **93**
PRIM. REG. DIST. NO. **40924**
To be inserted by Registrar
If war veteran, give war and military organization.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
4. RACE OR COLOR **white**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (write the word) **Married**

5a. HUSBAND OR WIFE } of **Susie Young Boyd**

6. DATE OF BIRTH month **Jan.** day **21** year **1864**

7. AGE **74** yrs. **9** mos. **9** days **26** hrs. _____ mins.
IF LESS THAN ONE DAY

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. **Farmer**

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH **11 - 17 - 38** 19____
month day year

22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM **Nov 17 1938** TO **Nov. 17 1938**
I LAST SAW HIM ALIVE ON **Nov 17 1938** DEATH IS SAID TO HAVE OCCURRED ON DATE STATED ABOVE, AT **1 P.** M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES IN ORDER OF ONSET WERE:
Angina Pectoris DATE OF ONSET _____

CONTRIBUTORY CAUSES OF IMPORTANCE
Arterio Sclerosis

12. BIRTHPLACE (city or town) (State or country) **Tenn.**

FATHER 13. NAME **J. C. Boyd**
14. BIRTHPLACE (city or town) (State or country) **N. C.**

MOTHER 15. MAIDEN NAME **Martha Butler**
16. BIRTHPLACE (city or town) (State or country) **Tenn.**

17. INFORMANT **Mrs. J. Frank Boyd**
(ADDRESS) **R. # 1, Westport** (Signature)

18. BURIAL, CREMATION OR REMOVAL DATE **11 - 19 - 38**
CEMETERY **Oak Grove** PLACE **Carroll**

19. UNDERTAKER **Alexander Funeral Home**
(Full Name)
ADDRESS **Jackson, Tenn.** BY _____

20. FILED **Dec 3 1938** **Mary Tawney**
Registrar

NAME OF OPERATION _____ DATE _____

WHAT LAB. TEST CONFIRMED DIAGNOSIS? _____ AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA:
ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
WHERE DID INJURY OCCUR? _____ (Specify city or town, county and State)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____
MANNER OF INJURY _____
NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION? _____
IF SO, SPECIFY **no**

(SIGNED) **C.T. Cox** M. D.
(ADDRESS) **Westport, Tenn**

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE. GIVE FULL NAME OF DECEASED CORRECTLY SPELLLED. AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104